

Legacy Preparatory Charter Academy

Student Enrollment Forms

School Year _____ - _____

Student Identification Information							
First Name		Middle Name		Last Name		Generation	
Social Security/ID #		Date Of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Age		
Address Street		City		State		Zip Code	
Phone Number			Email Address				
Please select one choice for Ethnicity AND select one or more for Race				Ethnicity Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>			
Race		American Indian or Alaska Native <input type="checkbox"/>		Asian <input type="checkbox"/>		Black or African American <input type="checkbox"/>	
		Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		White <input type="checkbox"/>			
Enrollment Information							
Campus Student Will Attend		Has Student ever attended a campus in this district? Yes <input type="checkbox"/> No <input type="checkbox"/>			Grade Level		
Date of Student Enrollment	Name and Relationship of person enrolling student			ID Verified Yes <input type="checkbox"/> No <input type="checkbox"/>			
Campus of Residence (Name of local public school that student is zoned to attend)				Residency ID Verified Yes <input type="checkbox"/> No <input type="checkbox"/>			
Academic Background							
Last Campus/District Attended		Grade Level Attended	Has student ever been retained? Yes <input type="checkbox"/> No <input type="checkbox"/>		Grade Level		
Previous School Attended	Name		Address			Year Attended	
Previous School Attended	Name		Address			Year Attended	
If 3 rd Grade or higher did student pass last STARR test? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			Is student currently assigned to an alternative placement due to discipline? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please select Yes if your child has ever participated in any of the programs listed to the right otherwise please indicate No.		Special Education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Speech Therapy		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Early Childhood Program	Yes <input type="checkbox"/> No <input type="checkbox"/>	Section 504		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Bilingual / ESL	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gifted and Talented		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary Contact Information							
Primary Contact 1 Name				Relationship			
Primary Phone	Alternate Phone		Email		Employer		
Address Street		City		State		Zip Code	
Primary Contact 2 Name				Relationship			
Primary Phone	Alternate Phone		Email		Employer		
Address Street		City		State		Zip Code	
Emergency Contact (If Primary cannot be reached)							
Name	Relationship		Release To Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone		
Name	Relationship		Release To Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone		
Parent Signature _____					Date _____		
For Campus Use Only							
PID Verified	TReX Request	Enroll Date	Enrolled By	Withdraw Date	Leaver Code	Withdrawn By	

Did your child receive free or reduced lunch last year?

Yes

No

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Emergency Information Record	Student Name		
	SSN/ID #	D.O.B.	
Parent Name	Address		
Home/Cell Phone	Other Phone		
Parent Name	Address		
Home/Cell Phone	Other Phone		
In case of Emergency and Parent is not available contact			
Name _____	Phone _____		
Name _____	Phone _____		
Name _____	Phone _____		
Student's Physician			Phone
Student's Dentist			Phone
Hospital where student should be taken if parent or physician is unavailable			
Allergies and Other Medical Conditions (Please explain checked items below or if necessary use other side of card)			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Recurring Illness	
PARENT: Use back of card for additional comments if needed.	In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.		
	Parent Signature		Date
Please list ALL prescription medicine that will be dispensed at school. Each medication must be in the original prescription container. The dosage must be indicated on the container. The prescription will only be administered to the person whose name is indicated on the container.			
Medication 1			
Medication 2			
Medication 3			

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2014-2015 PEIMS Data Standards
Appendix F: Ethnicity and Race Reporting Guidance

Exhibit 1A

Texas Education Agency

Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

Student/Staff Name (please print)

Student/Staff Identification Number

Date

This space reserved for Local School Observer – upon completion and entering data in student software system, file this form in the students permanent folder

Ethnicity – choose only one:

- Hispanic/Latino
- Not Hispanic/Latino

Race – choose one or more:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific islander
- White

Observer Signature: _____

Home Language Survey

School Year _____ - _____

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT _____ STUDENT ID# _____

ADDRESS _____ TELEPHONE# _____

CAMPUS _____ GRADE _____

1. What language is spoken in your home most of the time? _____

2. What language does your child (do you) speak most of the time? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente informacion se complete para cada estudiante que se matricula por primera vez en una escuela publica de Texas. Este cuestionario se archivara en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ ID# _____

DIRECCION _____ TELEFONO _____

ESCUELA _____ GRADO _____

1. (.Que idioma se habla en su hogar la mayoria del tiempo? _____

2. (.Que idioma habla su hijo/a (usted) la mayoria del tiempo? _____

Firma del Padre/Madre/a Representante Legal

Fecha

Firma del estudiante si est a en los grados 9-12

Fecha

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Child's Name: _____
(Last)

_____ Grade: _____
(First)

Does your child live with: (check only one)

____ Parent

____ Legal Guardian

____ Foster Care

Has your child ever been retained in a grade level?

____ No

____ Yes (If yes, what grade level?) _____

Special Programs

Has your child received any special services at his/her former school?

____ No

____ Yes

If yes, please check the services received:

Special Education

Section 504

Gifted / Talented

Reading / Math Early Intervention

ESL / Bilingual

Other Programs (Please Describe) _____

Parent Signature

Date

ATTENTION REGISTRAR

ATTN: Registrar: Please send this completed form to the Special Populations mailbox on your campus regardless if anything is checked or not.

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Special Populations

Received Form: _____

1st Request Paperwork: _____

2nd Request Paperwork: _____

3rd Request Paperwork: _____

STUDENT INFORMATION

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Student's Legal Name: (as it appears on birth certificate)	<hr/> (Last)	<hr/> (jr., III, etc.)	<hr/> (First)	<hr/> Middle
Date of Birth:	<hr/> MM/DD/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth: <hr/> City State Zip	
Grade Level:	<hr/>	State ID or Social Security Number:	<hr/>	
Legacy Campus:	<hr/>	Homeroom/ Advisory Teacher:	<hr/>	

Student Residency Questionnaire

This information is intended to address the McKinney-Vento Act 42 U.S. 11434a(2). The answers to this residency information help to determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement?
 _____ YES _____ NO
2. Is this temporary living arrangement due to loss of housing or economic hardship?
 _____ YES _____ NO

If you answered YES to the above questions, please complete the remainder of the form. If you answered NO, then you may stop here.

Where is the student currently living? (check one box) <input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter	<input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> Moving from place to place <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.
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Parent/Guardian's Name:	<hr/> (Last)	<hr/> (jr., III, etc.)	<hr/> (First)	<hr/> Middle
Home Phone: () _____	Work Phone: () _____	Mobile Phone: () _____		

Residence Address:	<hr/> (Address) (City) / (State)			
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State (Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition and other costs. (TEC Sec. 25.0002(3)(d))

Print Name of Parent/Guardian:	<hr/>	Date:	<hr/>
Signature of Parent/Guardian:	<hr/>		

ATTN: Registrar: Please send this completed form to the Special Populations mailbox on your campus regardless if anything is checked or not.

I certify that the student(s) named above qualify for the Child Nutrition Program under the provisions of the McKinney-Vento Act: _____

Signature of McKinney-Vento Liaison: _____	Date: _____
Received: _____	